



STATE OF WASHINGTON
GAMBLING COMMISSION

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3631

**CARD ROOM RECORDS FOR
PLAYER SUPPORTED JACKPOTS,
RAKES & ALTERNATIVE COLLECTION METHODS**

Dear Card Room Licensees:

WAC 230-08-090 requires the Commission to provide each licensed card room operator with a sample packet of daily records. These records must be completed daily, even if there was no activity. Attached are the records in the prescribed format and instructions to assist you in completing the required records.

New card room operators should contact their local county or city treasurer for details regarding taxation of authorized gambling activities within your particular area, as set forth in RCW 9.46.110. Most jurisdictions require some type of registration prior to commencement of your gambling activity(ies).

If you have a question or need assistance, please call the Gambling Commission office in your area:

- Lynnwood (425) 776-6751, Ext. 221
- Tacoma (253) 471-5312, Ext. 221
- Spokane (509) 456-3167, Ext. 228

Attachments

CARD ROOM RECORDS FOR PLAYER SUPPORTED JACKPOTS, RAKES & ALTERNATIVE COLLECTION METHODS

*** * INSTRUCTIONS * ***

A. Card Room Control Slip (GC2-312)

This form is to be used to count chips in drop boxes or chip trays which represent card room fees or PSJ fees collected.

The forms should be consecutively prenumbered from 0001-9999 before repeating. The date, time of the count, and table number are recorded. Indicate whether the count is for the card room fees or PSJ fees. Record the appropriate PSJ jackpot number (GC2-316) if there is more than one fund being used.

The dealer and supervisor sign the form verifying the accuracy of the information.

After the chips are counted, the total count is recorded. The total is then recorded on the daily record (GC2-314) under the correct table number and time for card room fees, or on the PSJ daily record under the correct table number and time for the PSJ fees.

B. Daily Card Room Record (GC2-313)

This form is used to record the card room fees collected for the day. Multiple copies of this form need to be used if more than five tables are operated.

The licensee records their name and date at the top of the form. The table numbers are entered in the first row. The fee assessment method is entered in the second row, either "H" for per hand, "T" for time, or "R" for Rake. The fee rate is entered in the third row, either the cost per hand, the cost per time period, or the rake rate used. See the top of the form for examples.

The collection time is entered under the first column. Enough space is provided to record the time of collection for each half hour. When the fees for time are collected each half hour or hour, they are entered under the appropriate table number (at the correct collection time). When the per hand fees or rake fees are counted, every four hours for example, they are recorded under the appropriate table number at the correct count time. If the assessment method on a table is changed during the day, say from time to rake, a separate column needs to be used for that table for each method. One column for the rake method on the table and one column for time method on the table. At the end of the day the fees collected for each table / column by assessment method, are totaled at the bottom of the form. The totals on the daily summary are entered under the correct assessment method for each table.

C. Daily Card Room Summary (GC2-314)

This form is used to record all the card room fees collected for the day and reconcile the cash and chips on hand. The licensee records their name, hours of card room operation, and date at the top of the form. The amounts for the different fees collected by table number along with the 10% administrative fee are recorded from the daily record (GC2-313) and entered in the appropriate

column. The rows are then totaled across and the columns are totaled down. This will give you gross receipts by table, gross receipts by assessment method, and total gross receipts for the day.

Below the summary of gross gambling receipts is the reconciliation of cash and chips.

- ❖ The opening cash count is entered on line one (1).
- ❖ Line two (2) is the total of the card room gross receipts from above.
- ❖ Line three (3) is the amount carried over from the cash addition / withdrawal form. The amount is added if it was an addition or subtracted if it was a withdrawal.
- ❖ Line four (4) equals the expected cash, $(1) + (2)$ or $-(3) = (4)$.
- ❖ Line five (5) is the actual closing cash count, both cash and checks.
- ❖ Line six (6) is the cash over / short, $(5) - (4) = (6)$.

For the chip reconciliation the colors, values, opening chip counts, and closing chip counts for each denomination are recorded. The opening count less the ending count gives the total chips over / short for the day.

The person(s) preparing this form must print their full name and then sign the form at the bottom.

D. Monthly Income Summary (GC2-315)

This form is used to summarize all the card room fees collected and the cash over / short for the month. The licensee records their name, the month, and year at the top of the form. The totals for each assessment method and the cash over / short are recorded from each day's daily summary (GC2-314) under the appropriate heading. Each line should agree with that day's daily summary sheet. Each column is then totaled at the end of the month.

E. PSJ Daily Record (GC2-316)

This form is used to record PSJ fees collected by table number and prize fund and the accrual of PSJ administrative fees by the licensee. The licensee records their name and the date at the top of the form. The first row is used to record the table numbers. The second row is used to record the prize fund number, if multiple prize funds are used. This form is for multiple prize fund schemes and not back-up jackpots, as they are part of the same prize fund. The third row is used to record the PSJ fee assessment rate, like \$1 per hand, for example.

The times the PSJ fees are counted are entered under the first column and the amount counted is recorded under the correct table number column.

At the end of the day the columns are sub-totaled. The administrative fees are subtracted from the sub-total for each table (not to exceed 10%), to determine the total PSJ fees for each table to be deposited. The administrative fee amounts for each table are recorded on the daily summary (GC2-314) and entered under the prize fund administrative fee column. The totals at the bottom of the form for each separate prize fund are recorded in the appropriate PSJ prize fund accrual record (GC2-317) in the column entitled Prize Funds Collected.

F. PSJ Fund Accrual Record (GC2-317)

This form is used to record the accrual of each separate prize fund scheme, not for each separate back-up jackpot. Primary and back-up jackpots are all part of the same prize fund. At the top of the form the licensee records:

- ❖ their name,
- ❖ the bank's name where the account is maintained,
- ❖ the bank account number,
- ❖ the month and year,
- ❖ the prize fund number,
- ❖ the date the prize fund accrual was started,
- ❖ and the beginning balance carried over from the prior month accrual record.

The date is recorded in the first column, one row for each day. The amount entered for the prize funds collected in the second column is recorded from the PSJ Daily Record (GC2-316). The date the funds were deposited is recorded in the third column (must be within two banking days). The fourth column is used to record the addition (+) of the licensee's seed money or the recovery (-) of their seed money. The fifth column is used to record the total PSJ prizes awarded (-) for the day. The sixth column is used to maintain a running cumulative balance for the prize fund.

G. Player-Supported Jackpot Winners Record (GC2-318)

This form is used to record the payment of prizes for the PSJ. The licensee records their name at the top of the form. The date the prize is awarded, the winner's name, the winner's date of birth, the winner's social security # or drivers license #, the winner's address, prize amount, check #, and description of the winning hand are recorded. The supervisor initials verifying the accuracy of the information.

H. Imprest Bank Sign Out Log (GC2-319)

This form is to be used to issue chip banks to dealers. The licensee records their name and date at the top of the form. The dealer's name, the time the bank is checked out, the bank amount, and table number are recorded. The card room supervisor signs his name verifying the accuracy of the information. When the bank is checked back in the time, the current bank amount, and any difference are recorded. The dealer and supervisor both initial verifying the accuracy of the information.

I. Daily House Players Record (GC2-320)

This form is to be used to record non-paying house players or house players who will have their fees reimbursed. The only fee assessment methods where fees may be reimbursed to house players is by time or per hand. An asterisk (*) is recorded in the number of players column for the times played on the Daily Card Room Record (GC2-313) for each non-paying house player or house player who will have their fees reimbursed.

The licensee records their name and the date at the top of the form. The house players print their first and last name and actual hours / times played in column 1. For house players who have their fees reimbursed to them, record the amount of the fees reimbursed, the date they are reimbursed, and the check number used to reimburse the fees.

J. Schedule of Additions / Withdrawals to Card Room Cash (GC2-321)

This form is to be used to record cash additions / withdrawals to card room funds. The licensee records their name and the date at the top of the form. The reason for the cash addition / withdrawal, the time, the amount, and the initials of the person making the entry are recorded. The total net amount for the day is recorded on line three (3) of the Daily Summary (GC2-314).

K. Daily Returned Check Report (GC2-280)

This form is used to record the receipt of a NSF check and the collection of funds from players with any outstanding NSF checks.

The licensee fills in the date, check number, account number, check amount, date returned, name of drawer, date collected, amount collected, and date deposited on this form.

L. Surveillance Tape Log (GC2-322)

This log is completed when a surveillance tape is checked out by commission staff to be reviewed off site. The date the tape is checked out, the date and time of the taping, and the number of tapes checked out are recorded. The commission agent and licensee's designee record their initials verifying the tapes were released to the agent.

When the tape is returned, the date is recorded and the agent and licensee's designee record their initials verifying the tape was returned.

M. Surveillance Log (2 Parts) (GC2-284 & GC2-284a)

This is a two-part form that serves dual functions for the surveillance room personnel. This form should be confidential and should be reviewed only by surveillance personnel and their superiors.

On Part 1 of the form, personnel will record the date, if the system is functioning properly on this date, the person who is conducting the surveillance, and the reason for the surveillance. The beginning and ending times of the surveillance will be recorded, the dealer's name / license number who is being monitored, and the results of the monitoring.

Part 2 of the form will only be used if the system has any type of malfunction. If a malfunction occurs, the surveillance personnel will record the date, description of the malfunction, estimated time / date of repair, dates out of and in service, and the date / time the commission was notified.

**WASHINGTON STATE GAMBLING COMMISSION
CARD ROOM CONTROL SLIP**

(Serial #)

Date: _____ Time: _____

\$ _____ Table #: _____

Supervisor: _____

Dealer: _____

GC2-312 (Rev. 5/00)

DAILY CARD ROOM RECORD

Licensee: _____

Date: _____

Assessment Method: H = Per Hand * T = Time * R = Rake

Rate: Cost Per Hand $\leq \$1$ * Cost Per 1 Hr $\leq \$10$ * $\leq 10\%$ not $> \$5$

[illegible]

WASHINGTON STATE GAMBLING COMMISSION
DAILY CARD ROOM SUMMARY

Licensee: _____ Hrs. of Operation: _____ Date: _____

Table No.	Card Playing Fees				(+) Prize Fund Admin. Fees *	(=) Total Gross Gambling Receipts
	Time	Rake	Hand	Other		
1	\$	\$	\$	\$	\$	\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total	\$	\$	\$	\$	\$	\$

**Reconciliation
of Cash and
Chips**

Cash	Opening Count – Cash and Checks	\$	(1)
	Plus Total Cumulative Fees Collected (From Line 16 Above)	\$	(2)
	Less Cash Removed / Plus Cash Added (Attached Schedule)	\$	(3)
	Equals What Cash Should Be ((1) + (2) + Or - (3) = (4))	\$	(4)
	Actual Closing Count – Cash and Checks	\$	(5)
	Cash Over / (Short) ((5) - (4) = (6))	\$	(6)

Chips	Color					
	Value	\$	\$	\$	\$	\$
	Opening Count	#	#	#	#	#
	Closing Count	#	#	#	#	#
	Chips Over / (Short) ..	#	#	#	#	#

Person(s) Preparing Record – Print Name	Signature

* Fees for administration of player-supported jackpot prize funds cannot exceed 10% of prize fund fees collected.

WASHINGTON STATE GAMBLING COMMISSION
CARD ROOM MONTHLY INCOME SUMMARY

Name of Licensee:					Month / Year:	
Date	Cumulative Card Playing Fees Assessed					Cash Over / Short
	By Time	By Rake	By Hand	Prize Fund Admin. Fee	Other	
1	\$	\$	\$	\$	\$	\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total	\$	\$	\$	\$	\$	\$

NOTE: Each line should agree with that day's card room daily summary.

WASHINGTON STATE GAMBLING COMMISSION
PSJ DAILY RECORD

Licensee: _____

Date: _____

Table #							
Prize Fund #							
Rate							
Collection Time	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected
Sub-Total							
(-) Admin. Fees							
Totals							

Table #							
Prize Fund #							
Rate							
Collection Time	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected	Fees Collected
Sub-Total							
(-) Admin. Fees							
Totals							

WASHINGTON STATE GAMBLING COMMISSION
PSJ PRIZE FUND ACCRUAL RECORD

Licensee: _____

Bank Name: _____ Bank Acct #: _____ Month / Year: _____

Prize Fund #: _____ Date Started: _____ Begin Balance: _____

[illegible]

* Deposits must be made within two (2) banking days.

WASHINGTON STATE GAMBLING COMMISSION
PLAYER-SUPPORTED JACKPOT
WINNERS RECORD

Licensee: _____

Date/Time Awarded	Printed Winner's Name & D.O.B.	Address	Prize Amount	Description of Hand	Initials*
	Driver's License # or Social Security #		Check #		
			\$		
			#		
			\$		
			#		
			\$		
			#		
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* Winner's, Dealer's, and Supervisor's initials must be included.

IMPREST BANK SIGN-OUT LOG

Date: _____

[illegible]

WASHINGTON STATE GAMBLING COMMISSION
CARD ROOM DAILY RECORD – HOUSE PLAYERS

Name of Licensee: _____

Date: _____

Printed Name (First & Last)	Time of Day Played					Fees * Reimbursed	Date Reimbursed	Check Number

Mark Daily Control Sheet (GC2-313) with an asterisk (*) in the *No. of Players* column for the time played by any non-paying house player or house players who will have their card playing fees reimbursed

* Fees may only be reimbursed if assessed on the basis of time or per hand.

WASHINGTON STATE GAMBLING COMMISSION

SCHEDULE OF ADDITIONS / WITHDRAWALS TO CARD ROOM CASH

Licensee:	Date:
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Reason for Addition / Withdrawal	Time	Amount	Initials
Net Amount			

NOTE: Record the net amount of all additions and / or withdrawals of cash on Line 3 of the Daily Card Room Summary (GC2-314). Attach this form to the original Daily Card Room Summary.

DAILY RETURNED CHECK REPORT

Month: _____

Balance Forward: _____

Check Date	Check Number	Account Number	Check Amount	Date Returned	Name of Drawer	Date Collected	Amount Collected	Date * Deposited

* Any funds received from payment of NSF checks should be listed separately when deposited and deposited within two banking days.

CLOSING BALANCE \$ _____

MONTHLY TOTAL \$ _____

WASHINGTON STATE GAMBLING COMMISSION

SURVEILLANCE TAPE LOG

Licensee: _____

[illegible]

(Part 1)

* If surveillance system is malfunctioning, please complete Surveillance Log (Part 2) (GC4-284a).

(Part 2)

[illegible]